Controlled Substances Program Employee Screening



You have been assigned to a project that requires work with controlled substances. The DEA considers it vital to assess the likelihood of an employee committing a drug security breach. Therefore all employees that will receive, work with, handle, have access to, manipulate or take similar actions consent to a screening process. (21CFR1301.90). Complete and return this form to the Human Resources center at EHSHR@lists.lbl.gov. A project ID may be required to conduct the screening.

Project Name		Division	ProjectID:	
APPLICANT INFORMATION:				
Name (Last, First)		Em	Employee ID#	
Email Address:		Phone numb	Phone number:	
misdemeanor, or are you p include any traffic violation	resently formally c s, juvenile offenses	harged with committirs, or military conviction	vithin the past two years of any ng a criminal offense? (Do not ns, except by general court-martial). date, and sentence on additional	
	d to you by a physi		, amphetamines, or barbiturates, res, furnish details on additional	
charges or convictions. I un controlled substances will j including suspension or ter	re inquiries of cour derstand that any eopardize my posit mination. Informat at LBNL with contro	ts and law enforcemer false information, omis tion with the Lawrence tion included herein wi olled substances, but w	nt agencies for possible pending ssion of information, or misuse of e Berkeley National Lab, up to and ill not automatically preclude me vill be considered as part of the	
fellow employee has an ob employer. At LBNL all such	ligation to report so reports can be made e appropriate cam	uch information to a re de confidentially to the pus officials and initiat	ersion from his/her employer by a esponsible security official of the escurity Manager in Protective e an investigation on the allegations. confidential inquiries.	
I have reviewed the LBNL Cor	itrolled Substances P	Policies and procedures a	nd agree to abide by them:	
Applicant Signature:			Date:	